

NATIONAL INSTITUTE FOR HEALTH AND WELFARE

# CHANGES IN QUALITY OF LIFE, PAIN AND PHYSICAL PERFORMANCE AMONG THE ELDERLY PARTICIPATING IN INPATIENT OR OUTPATIENT GROUP REHABILITATION

Minna-Liisa Luoma, Susanna Mukkila, Mariitta Vaara, Marja Vaarama

# Quality of life, physical performance and pain among elderly participating in rehabilitation intervention (IKKU) 2009-2013

- Gerontological rehabilitation intervention study (includes physical and psycho-social rehabilitation)
- Participants (N=480) has lowered functional capacity and suffer from musculoskeletal diseases
- Measures: Quality of life, Physical functioning capacity tests, psychological functioning, cognitive functioning and self evaluated functional capacity.
- Compare the baseline results with 6 and 12 months follow-up



# The co-operative rehabilitation for aged rehabilitees

- was targeted to elderly whose coping at home was threatened because of decreasing functional capacity
- was intended to maintain functioning and enhance the independence, meaningful living of older inhabitants in home settings and their participation in society.
- the central aim was promoting quality of life (QoL) and functional capacity



### Aims of the study

- to evaluate changes over time in QoL, functional capacity and pain among the participants of a rehabilitation intervention.
- To compare in-patient and out-patient group rehabilitation in QoL, functional capacity and pain



#### **Methods**

- WHO QOL-BREF to assess QoL
- Short Physical Performance Battery index to assess physical performance
- Visual analog scale to assess pain
- QoL, physical performance and pain were measured at baseline, at 6 and 12 months.
- T- Test were used
- A significance level p< = 0.05 was set a priori for all analyses

#### **Results:**

- The quality of life for 63-72 % the participants was maintained the same or increased in 6 and 12 months, depending on QOL domain.
- Physical performance was maintained or increased for 73 % participants.
- The severity of pain decreased and the proportion of participants who were suffering severe or moderate pain decreased





# The four dimensions of Quality of Life (WHO 1998)

#### **Physical**

**Functional Competence** 

Psychological Psychological well-being



#### Social

Social networks & participation

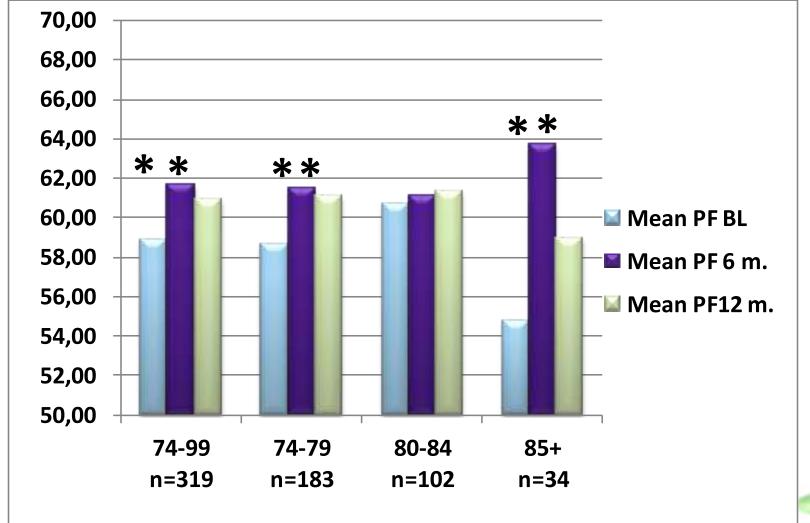
**Environmental** 

national institute for Henvironmental support, incl. care



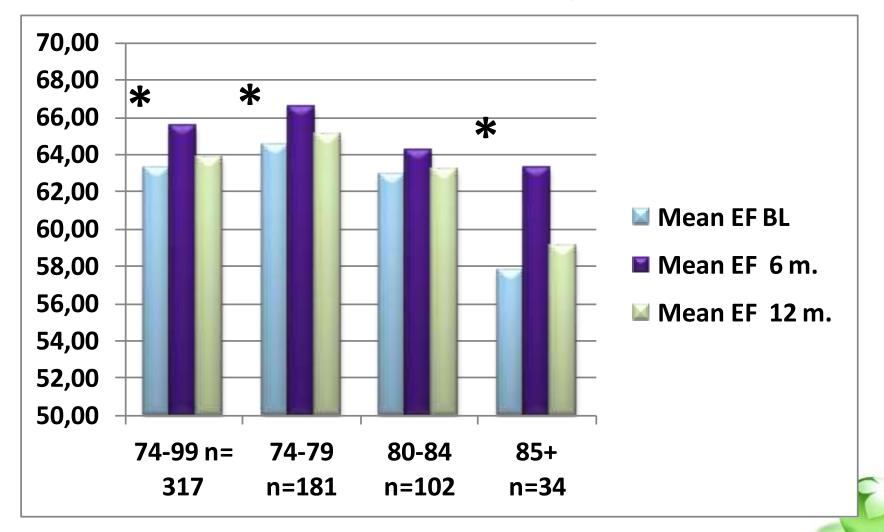
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#### **QoL: physical functioning**

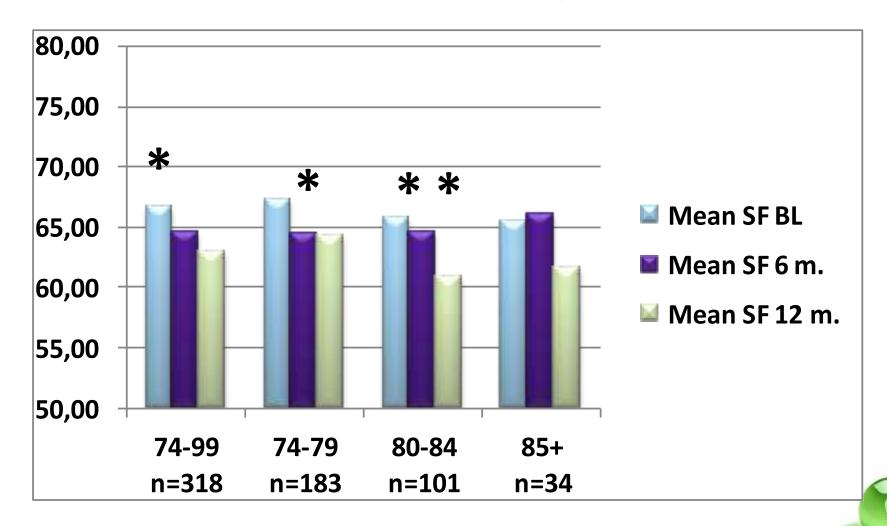




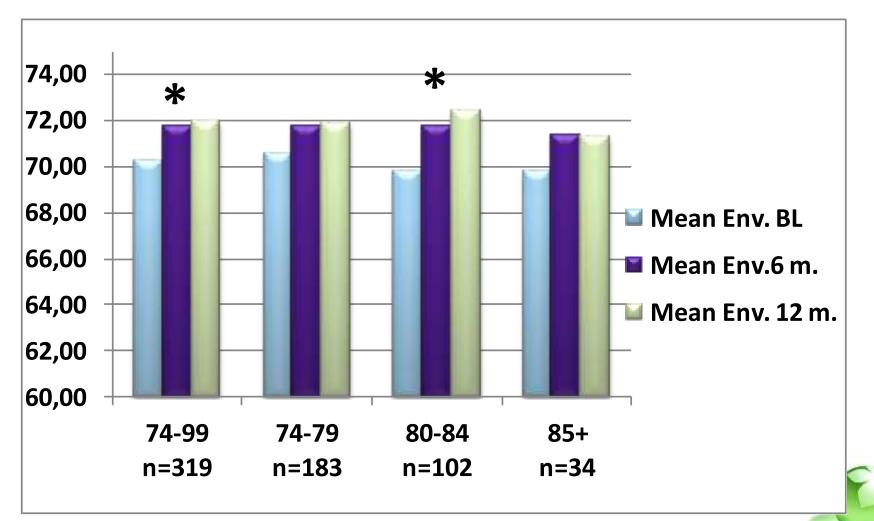
#### **QoL Emotional functionig**



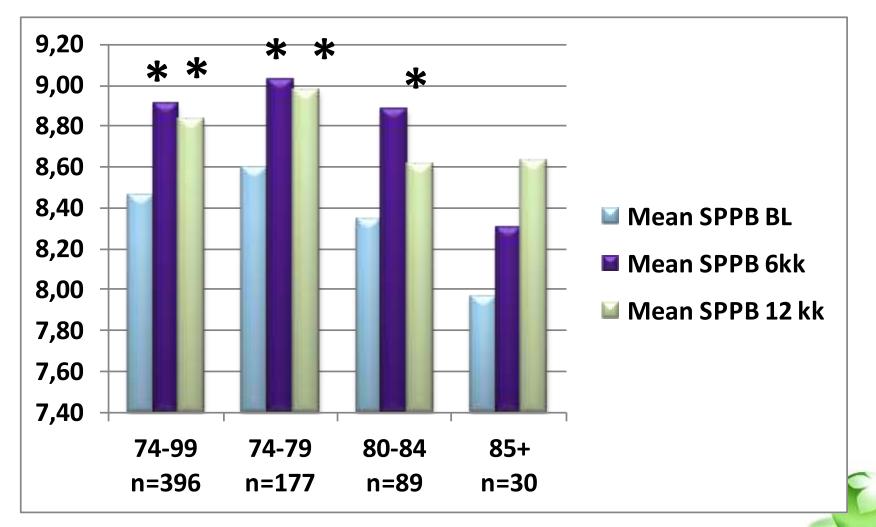
#### **QoL: Social Functioning**



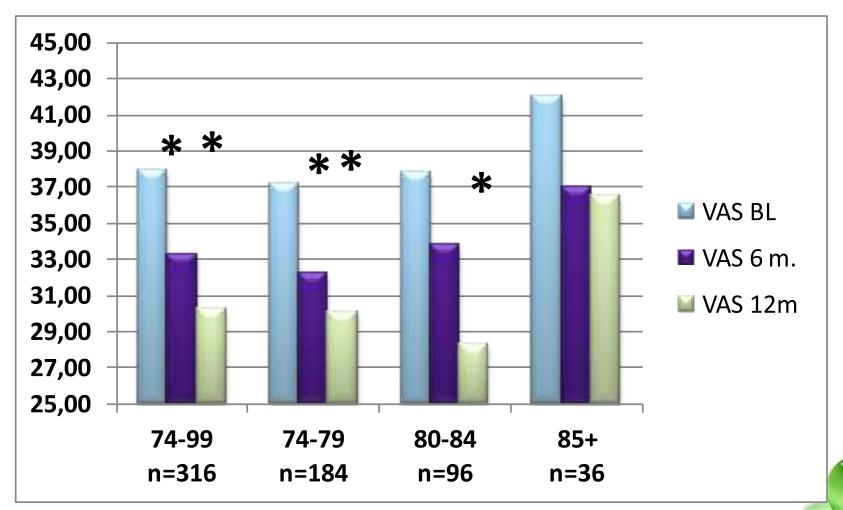
#### **QoL Enviroment**



### Physical functioning SPPB



### Pain: Visual analog scale

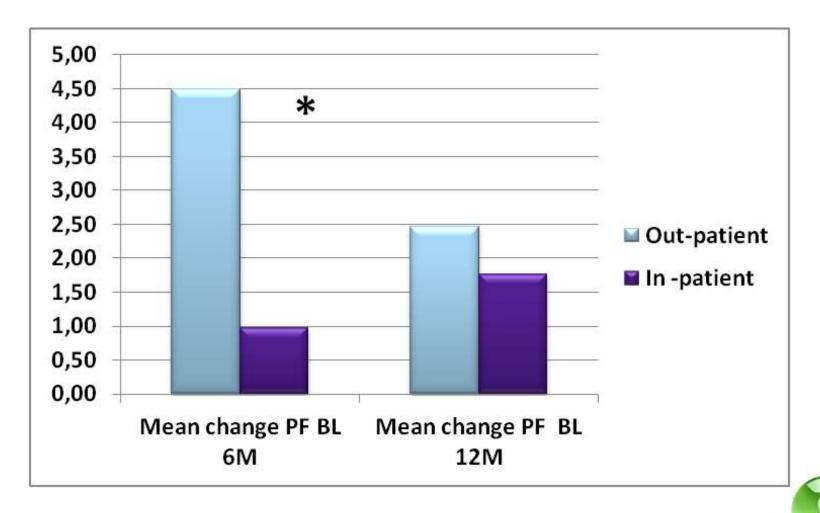


# Outpatient – vs. Inpatient group rehabilitation

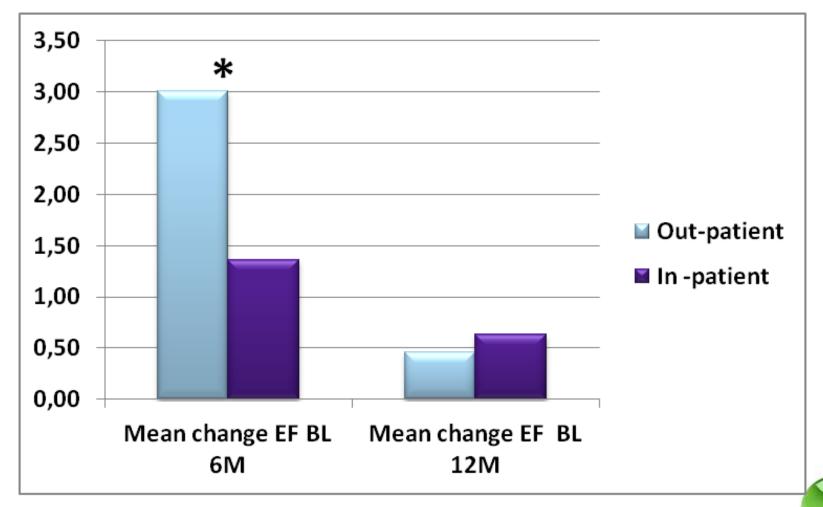




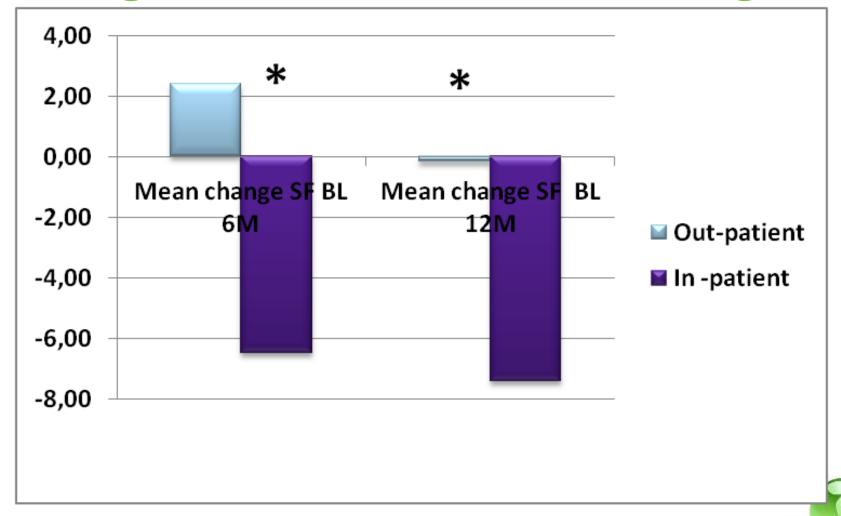
# Change in QoL: physical functioning



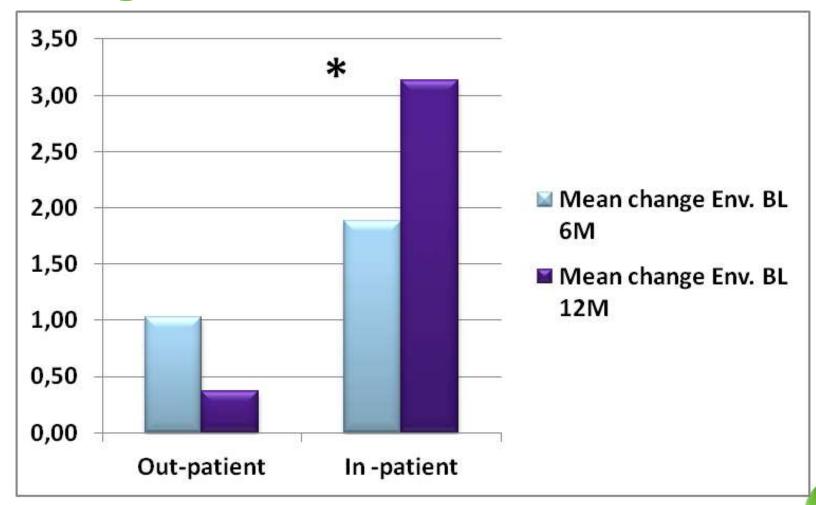
## Change in QoL Emotional functionig



### Change in QoL: Social Functioning

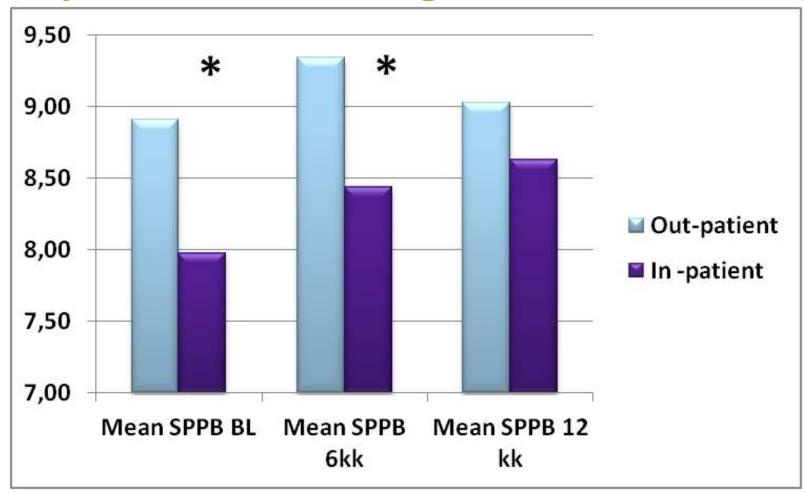


### Change in QoL Enviroment

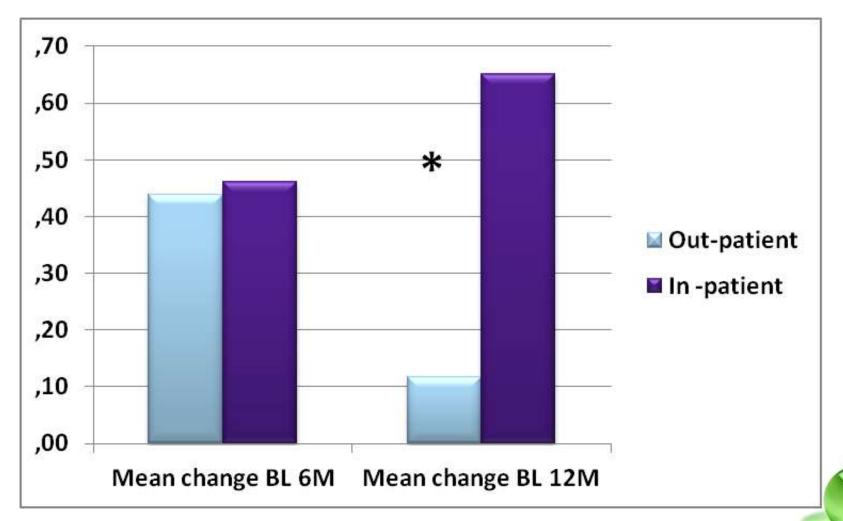




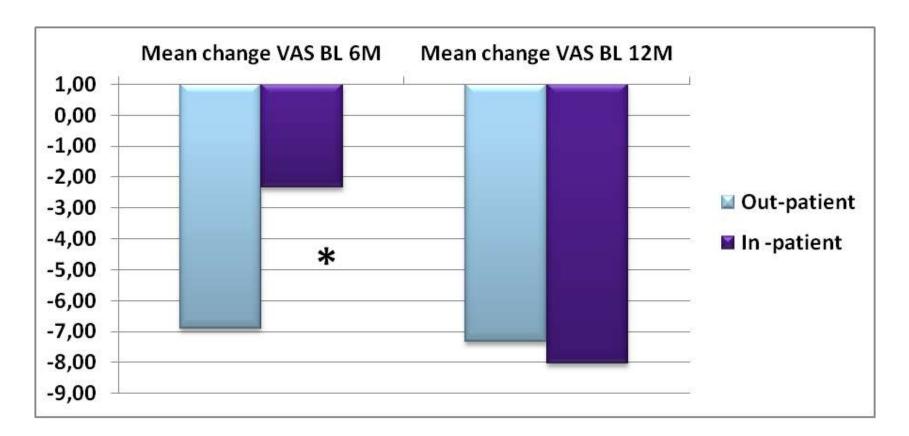
### Physical functioning SPPB



### Change in Physical functioning SPPB



## Change in pain: Visual analog scale





#### **Conclusions**

- Results indicate that the elderly participating in rehabilitation intervention benefit from gerontological rehabilitation in terms of QOL and Physical performance and pain
- Out- patient rehabilitation seem to be more effective in terms of physical, emotional and social functioning as well as pain
- Mean change in SPPB was significantly better at 12 months as well as change in environment domain in QOL



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